

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Family Planning Clinics
Managed Care Plans

Memorandum No: 04-105 MAA
Issued: December 13, 2004

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
1-800-562-6188

Subject: Family Planning Services and Family Planning Only Program - Fee Schedule Changes

Effective for dates of service on and after January 1, 2005 the Medical Assistance Administration (MAA) will begin using:

- Year 2005 Current Procedural Terminology (CPT)[®] and Healthcare Common Procedure Coding System (HCPCS) Level II code additions as discussed in this memorandum; and
- Expedited Prior Authorization (EPA) numbers for billing contraceptive drugs and supplies that do not have a dedicated HCPCS code.

This memo contains important instructions for use of the new EPA numbers, and lists changes to the maximum allowable fees for the Year 2005 new code additions.

Overview

All procedure code maximum allowable fees that are not listed in this memorandum remain at the July 1, 2004 level. Do not use CPT codes that are marked deleted in the “Year 2005 CPT” book and HCPCS codes that are marked deleted in the “Year 2005 HCPCS” book for dates of service after December 31, 2004.

Coding Changes

The following new HCPCS code has been established for the Ortho-Evra Patch.

HCPCS Code	Brief Description	01/01/05 Maximum Allowable Fee
J7304	Contraceptive supply, hormone containing patch, each (Use for Ortho-Evra contraceptive patch, each)	\$4.00



Note: The description for HCPCS code J7304 defines this code as **each** – meaning one patch. Therefore, when billing for a box of 3 patches, you must bill 3 units.

Expedited Prior Authorization Requirements

When billing for a contraceptive drug or contraceptive supply that does not have its own dedicated HCPCS code, providers must bill MAA for the contraceptive using MAA's Expedited Prior Authorization (EPA) process.

This EPA process allows MAA to use a nine-digit prior authorization number to identify, track, and bill for an unlisted contraceptive. The nine-digit EPA number must be listed in the "Prior Authorization Number" field of the claim form (for example, Field 23 of a HCFA-1500 claim form).

The first five digits of all MAA EPA numbers are **87000**. The last four digits of the EPA number identify the exact contraceptive supplied.



Note: MAA no longer requires Family Planning Clinics to list the NDC number and amount of drug given to the client in Field 19 of the HCFA-1500 claim form, or the *Comments* section of the electronic HCFA-1500, when billing for an unlisted contraceptive identified by an EPA number.

Family Planning Clinics may no longer bill MAA for an unlisted contraceptive drug or supply using J3490 or J3490-FP *without an EPA number*. If MAA has not yet established an EPA number for a particular contraceptive drug or supply, contact the Family Planning or TAKE CHARGE Program Managers to have an EPA number established for the new product (see contact information on page 4).

MAA has established coding and EPA number requirements for the contraceptive drugs and supplies listed in the tables on the next page.

Emergency Contraceptive Pills

Providers must bill MAA for emergency contraceptive pills as detailed below:

HCPSC Code	EPA Number	Brief Description	1/1/05 Maximum Allowable Fee
J3490	870001252	Unlisted drug; use for: <ul style="list-style-type: none"> • Plan B only; and • Each 1 unit equals one treatment. 	\$10.15

Non-Drug Contraceptive Supplies

Providers must bill MAA for unlisted non-drug contraceptive supplies as detailed below:

HCPSC Code/ Modifier	EPA Number	Brief Description	1/1/05 Maximum Allowable Fee
T5999 – FP	870001253	Unlisted supply; use for: <ul style="list-style-type: none"> • Cycle Beads only; and • Each 1 unit equals one set of Cycle Beads. 	\$ 3.75
99071-FP	None	Unlisted supply; use for: <ul style="list-style-type: none"> • Natural Family Planning Booklet only; and • Each 1 unit equals booklet. 	2.00
A4931-FP	870001254	Reusable, oral thermometer; use for: <ul style="list-style-type: none"> • Basal Thermometer only; and • Each 1 unit equals one thermometer. 	8.00

Updates to Maximum Allowable Fees for Contraceptives

MAA has updated its drug pricing for several contraceptive drugs and products (e.g., diaphragm) in the attached fee schedules. In addition, these updates will be posted quarterly to MAA's website at <http://maa.dshs.wa.gov> (click on *Provider Publications/Fee Schedules*, then *Fee Schedules*). Only those drugs or products with price changes will be posted quarterly. All other drugs and products remain at MAA's last published price.

Sterilization

MAA does not cover the new CPT code 58565 for surgical hysteroscopy to induce occlusion by placement of permanent implant. WAC 388-531-0150 requires providers to use less costly, equally effective means of treatment when they are available.

Who do I contact for an EPA number or for questions regarding policy issues?

Division of Program Support
Family Planning and TAKE CHARGE Program Managers
(360) 725-1652 or
(360) 725-1664

Billing Instructions Replacement Pages

Attached are replacement pages E.1 - E.10 for MAA's current *Family Planning Services and Family Planning Only Program Billing Instructions*. **Note: Pages E.6 – E.10 have no added or deleted codes; we are including them because we have reformatted the whole fee schedule to incorporate the new information.**

How can I obtain MAA's Provider Issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Fee Schedule

Office Visits

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee			
		Clients 21 and older		Clients 20 and under	
		NFS	FS	NFS	FS
99201	Office/outpatient visit, new	\$24.25	\$15.75	\$33.57	\$21.58
99202	Office/outpatient visit, new	43.25	31.25	58.91	42.47
99203	Office/outpatient visit, new	64.25	47.75	88.37	65.42
99204	Office/outpatient visit, new	90.75	70.50	125.01	96.24
99205	Office/outpatient visit, new	115.25	93.75	157.89	127.07
99211	Office/outpatient visit, est	14.25	6.00	20.21	8.22
99212	Office/outpatient visit, est	25.25	15.75	35.28	21.58
99213	Office/outpatient visit, est	35.25	23.75	48.64	32.20
99214	Office/outpatient visit, est	55.00	38.75	75.35	52.40
99215	Office/outpatient visit, est	79.75	62.25	109.60	84.26

Prescription Birth Control Methods

Procedure Code	Brief Description	1/1/05 Maximum Allowable Fee	
		NFS	FS
Oral Contraceptives			
S4993	Contraceptive pills for birth control. [1 unit = each 30-day supply] (Seasonale should be billed as 3 units.)	\$17.00	\$17.00
J3490 FP	Unclassified Drugs (Use for Emergency Contraception only)	Acquisition Cost	Acquisition Cost
Cervical Cap/Diaphragm			
A4261	Cervical cap for contraceptive use	47.00	47.00
A4266	Diaphragm	30.87	30.87
57170	Fitting of diaphragm/cap	56.90	30.38

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)

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Prescription Birth Control Methods - Continued

Procedure Code	Brief Description	1/1/05 Maximum Allowable Fee	
		NFS	FS
Implant			
A4260	Levonorgestrel (Norplant) implant system, including implant and supplies. One allowed in a 5-year period. No longer available.	\$172.29	\$172.29
11975	Insert contraceptive capsule	93.67	93.67
11976	Removal of contraceptive capsule	119.95	119.95
11977	Removal/insert contra capsule	213.62	213.62
Injectables			
J1055	Medroxyprogesterone acetate inj (Depo-Provera). Allowed once every 67 days.	52.98	52.98
90782	Injection, subcutaneous/intramuscular May be billed when the contraceptive injection is the only service performed.	11.34	11.34
Intrauterine Devices (IUD)			
J7300	Intrauterine copper device (Paragard)	336.26	336.26
J7302	Levonorgestrel-releasing IUD (Mirena)	405.81	405.81
S4989	Intrauterine device (non-copper) (Progestasert) Discontinued.	112.39	112.39
58300	Insertion of IUD	57.58	33.78
58301	Removal of IUD	62.34	42.85
Miscellaneous Contraceptives			
J3490-FP	Unclassified Drugs (Use for Emergency Contraception only)	Acquisition Cost	Acquisition Cost
J7303	NuvaRing contraceptive ring, each	28.00	28.00
J7304	Ortho-Evra contraceptive patch, each	4.00	4.00

Non-Prescription Over-the-Counter (OTC) Birth Control Methods

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee
A4267	Male Condom, each	Acquisition Cost
A4268	Female Condom, each	Acquisition Cost
A4269	Spermicide (e.g. foam, gel), each	Acquisition Cost
<i>OTC products listed may not be available for billing MAA due to federal approval status.</i>		

NFS = Non-facility setting (e.g., provider's office); FS = Facility setting (e.g., hospital)

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Unlisted Contraceptive Drugs and Supplies

When billing for a contraceptive drug or contraceptive supply that does not have a dedicated HCPCS code, providers must bill MAA for the contraceptive using MAA's Expedited Prior Authorization (EPA) process.

The EPA process allows MAA to use a nine-digit prior authorization number to identify, track, and appropriately pay for an unlisted contraceptive. The nine-digit EPA number must be listed in the "Prior Authorization Number" field of the claim form (for example, Box 23 of a HCFA-1500 claim form).

The first five digits of all MAA EPA numbers are **87000**. The last four digits of the EPA number identify the exact contraceptive supplied.



Note: MAA no longer requires Family Planning Clinics to list the NDC number and amount of drug given to the client in Box 19 of the HCFA-1500 claim form, or the *Comments* section of the electronic HCFA-1500, when billing for an unlisted contraceptive identified by an EPA number.,

Family Planning Clinics may no longer bill MAA for an unlisted contraceptive drug or supply using J3490 or J3490-FP *without an EPA number*. If MAA has not yet established an EPA number for a particular contraceptive drug or supply, contact the Family Planning or TAKE CHARGE Program Managers to have an EPA number established for the new product.

MAA has established coding and EPA number requirements for the contraceptive drugs and supplies listed in the following tables.

Emergency Contraceptive Pills

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J3490	870001252	Unlisted drug; use for: <ul style="list-style-type: none">• Plan B only; and• Each 1 unit equals one treatment.	\$10.15

Non-Drug Contraceptive Supplies

Providers must bill MAA for unlisted non-drug contraceptive supplies as detailed below:

HCPSC Code/ Modifier	EPA Number	Brief Description	1/1/05 Maximum Allowable Fee
T5999-FP	870001253	Unlisted supply; use for: <ul style="list-style-type: none"> • Cycle Beads only; and • Each 1 unit equals one set of Cycle Beads. 	\$3.75
99071-FP	None	Unlisted supply; use for: <ul style="list-style-type: none"> • Natural Family Planning Booklet only; and • Each 1 unit equals booklet. 	2.00
A4931-FP	870001254	Reusable, oral thermometer; use for: <ul style="list-style-type: none"> • Basal Thermometer only; and • Each 1 unit equals one thermometer. 	8.00



Note: Do **not** use these EPA numbers when billing for any contraceptive or drug other than those listed in these tables.

HIV Counseling

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
99401 Must include dx V65.44	Preventive Counseling, indiv; approx 15 min (use for risk reduction intervention for HIV/AIDS clients)	\$25.39	\$15.42

Sterilization Procedures

*A properly completed Sterilization Consent Form **must** be attached to any claim submitted with any of the following procedure codes:*

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
55250	Removal of sperm duct(s)	\$287.23	\$143.05
55450	Ligation of sperm duct	263.88	141.46
58565	Hysteroscopy, sterilization	Not Covered	Not Covered
58600	Division of fallopian tube	212.64	212.64
58615*	Occlude fallopian tube(s)	159.37	159.37
58670	Laparoscopy, tubal cautery	214.23	214.23
58671*	Laparoscopy, tubal block	214.91	214.91

* MAA reimburses for external occlusive devices **only** such as band, clip, or Fallop ring. MAA does not reimburse for occlusive devices introduced into the Lumen of the fallopian tubes.



Note: Sterilization procedures and any pre-op visits must be billed with ICD-9-CM diagnosis code V25.2.

Miscellaneous Surgical Procedures

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
17110	Destruct lesion, 1-14	\$53.05	\$26.98
54050	Destruction, penis lesion(s)	68.46	53.73
54056	Cryosurgery, penis lesion(s)	86.37	60.30
54060	Excision of penis lesion(s)	135.34	79.57
56501	Destroy vulva lesions, simple	79.12	66.65
57061	Destroy vaginal lesions, simple	69.37	56.90

Radiology Services

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
76830	Us exam, transvaginal	\$58.26	\$58.26
76830-26	Professional Component	21.76	21.76
76830-TC	Technical Component	36.73	36.73
76856	Us exam, pelvic, complete	58.26	58.26
76856-26	Professional Component	21.76	21.76
76856-TC	Technical Component	36.73	36.73
76857	Us exam, pelvic, limited	48.97	48.97
76857-26	Professional Component	12.02	12.02
76857-TC	Technical Component	37.18	37.18

Laboratory Services

Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
G0101	CA screen; pelvic/breast exam	\$22.22	\$14.28
Q0111	Wet mounts/ w preparations	4.75	4.75
Q0112	Potassium hydroxide preps	4.75	4.75
36415	Drawing blood venous	2.45	2.45
36416	Drawing blood capillary	2.45	2.45
81000	Urinalysis, nonauto w/scope	3.53	3.53
81001	Urinalysis, auto w/scope	3.53	3.53
81002	Urinalysis nonauto w/o scope	2.85	2.85
81003	Urinalysis, auto, w/o scope	2.50	2.50
81005	Urinalysis	2.41	2.41
81007	Urine screen for bacteria	2.86	2.86
81015	Microscopic exam of urine	3.38	3.38
81025	Urine pregnancy test	4.18	4.18
82465	Assay, bld/serum cholesterol	4.85	4.85
82947	Assay, glucose, blood quant	4.37	4.37
82948	Reagent strip/blood glucose	3.53	3.53
84702	Chorionic gonadotropin test	16.76	16.76
84703	Chorionic gonadotropin assay	8.36	8.36
85004	Automated diff wbc count	7.20	7.20
85007	Differential WBC count	3.83	3.83
85013	Hematocrit	2.64	2.64
85014	Hematocrit	2.64	2.64
85018	Hemoglobin	2.64	2.64

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**Family Planning Services and
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Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
85025	Automated hemogram	\$8.66	\$8.66
85027	Automated hemogram	7.20	7.20
86255	Fluorescent antibody, screen	13.42	13.42
86255-26	Professional Component	12.47	12.24
86592	Blood serology, qualitative	4.75	4.75
86593	Blood serology, quantitative	4.91	4.91
86631	Chlamydia antibody	13.17	13.17
86632	Chlamydia igm antibody	14.14	14.14
86689	HTLV/HIV confirmatory test	27.05	27.05
86692	Hepatitis, delta agent	19.11	19.11
86701	HIV-1	9.89	9.89
86703	HIV-1/HIV-2, single assay	15.28	15.28
86706	Hep b surface antibody	11.96	11.96
86781	Treponema pallidum, confirm	14.74	14.74
87070	Culture, bacteria, other	9.59	9.59
87076	Culture anaerobe ident, each	9.00	9.00
87081	Culture screen only	7.38	7.38
87084	Culture of specimen by kit	9.59	9.59
87086	Urine culture/colony count	8.99	8.99
87088	Urine bacteria culture	7.15	7.15
87110	Chlamydia culture	21.81	21.81
87140	Cultur type immunofluoresc	6.21	6.21
87147	Culture type, immunologic	5.76	5.76
87164	Dark field examination	11.96	11.96
87164-26	Professional Component	11.34	11.34
87184	Microbe susceptible, disk	7.68	7.68
87186	Microbe susceptible, mic	9.63	9.63
87205	Smear, gram stain	4.75	4.75
87206	Smear, fluorescent/acid stai	5.98	5.98
87207	Smear, special stain	6.67	6.67
87207-26	Professional Component	12.47	12.24
87210	Smear, wet mount, saline/ink	4.75	4.75
87250	Virus inoculate, eggs/animal	21.34	21.34
87252	Virus inoculation, tissue	29.03	29.03
87253	Virus inoculate tissue, addl	22.49	22.49
87274	Herpes simplex 1, ag, if	13.36	13.36
87285	Treponema pallidum, ag, if	13.36	13.36
87340	Hepatitis b surface ag, eia	11.50	11.50
87490	Chylmd trach, dna, dir probe	22.33	22.33
87491	Chylmd trach, dna, amp probe	39.08	39.08
87534	Hiv-1, dna, dir probe	22.33	22.33

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Procedure Code/ Modifier	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
87535	Hiv-1, dna, amp probe	39.08	39.08
87536	Hiv-1, dna, quant	94.76	94.76
87537	Hiv-2, dna, dir probe	22.33	22.33
87538	Hiv-2, dna, amp probe	39.08	39.08
87539	Hiv-2, dna, quant	47.70	47.70
87590	N.gonorrhoeae, dna, dir prob	22.33	22.33
87591	N.gonorrhoeae, dna, amp prob	39.08	39.08
87621	Hpv, dna, amp probe	39.08	39.08
87810	Chylmd trach assay w/optic	13.36	13.36
88141	Cytopath, c/v, interpret	13.83	13.83
88142	Cytopath, c/v, thin layer	28.31	28.31
88143	Cytopath, c/v, thin lyr redo	28.31	28.31
88147	Cytopath, c/v, automated	15.90	15.90
88148	Cytopath, c/v, auto rescreen	21.23	21.23
88150	Cytopath, c/v, manual	14.76	14.76
88152	Cytopath, c/v, auto redo	14.76	14.76
88153	Cytopath, c/v, redo	14.76	14.76
88154	Cytopath, c/v, select	14.76	14.76
88161	Cytopath smear, other source	32.19	32.19
88161-26	Professional Component	16.78	6.78
88161-TC	Technical Component	15.42	15.42
88164	Cytopath tbs, c/v, manual	14.76	14.76
88165	Cytopath tbs, c/v, redo	14.76	14.76
88166	Cytopath tbs, c/v, auto redo	14.76	14.76
88167	Cytopath tbs, c/v, select	14.76	14.76
88174	Cytopath, c/v auto, in fluid	29.53	29.53
88175	Cytopath, c/v auto fluid redo	36.61	36.61
88302	Tissue exam by pathologist, level II	19.27	19.27
88302-26	Professional Component	4.53	4.53
88302-TC	Technical Component	14.74	14.74

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Injectable Drugs and Injection Fee

(These drugs are given in the family planning clinic. These are not take-home drugs or drugs obtained by prescription through a pharmacy.)

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS	FS
90788	Injection of antibiotic	\$10.20	\$10.20
J0456	Azithromycin inj, 500 mg	22.67	22.67
J0580	Penicillin g benzathine inj	64.55	64.55
J0690	Cefazolin sodium inj, 500 mg	.60	.60
J0694	Cefoxitin sodium inj, 1 g	7.25	7.25
J0696	Ceftriaxone sodium inj, 250 mg	7.73	7.73
J0697	Sterile cefuroxime inj, 750 mg	4.28	4.28
J0698	Cefotaxime sodium inj, per gram	3.76	3.76
J0710	Cephapirin sodium inj, up to 1 g	1.46	1.46
J1200	Diphenhydramine hcl inj, up to 50 mg	.90	.90
J1890	Cephalothin sodium inj, up to 1 g	7.34	7.34
J2460	Oxytetracycline inj, up to 50 mg	.88	.88
J2510	Penicillin g procaine inj, to 600,000 u	7.49	7.49
J2540	Penicillin g potassium inj, to 600,000 u	.24	.24
J3320	Spectinomycin di-hcl inj, up to 2 g	30.19	30.19
Q0144	Azithromycin dihydrate, oral, 1 g	Acquisition Cost	Acquisition Cost

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